

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-029683
STATE FILE NUMBER.

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 284

1. PLACE OF DEATH a. COUNTY Marion			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Jackson		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hannibal		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kansas City 3008		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Elizabeth Hosp		Length of stay in 1b 1 hr	d. STREET ADDRESS (If outside, give location) 615 West 13th St		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Joseph Middle Burdette Last Stringer			4. DATE OF DEATH Month 8 Day 31 Year 1958		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 3 DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH Aug 13, 1923		9. AGE (In years last birthday) 35
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck Driver		10b. KIND OF BUSINESS OR INDUSTRY Knaus Truck Line	11. BIRTHPLACE (City and state or country) Arkansas City, Kan.		12. CITIZEN OF WHAT COUNTRY? US
13a. FATHER'S NAME Frank Stringer		13b. MOTHER'S MAIDEN NAME Katherine Bloypol		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 510-16-9671		17. INFORMANT Lila Stringer Address Wellington, Kansas	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Intercranial hemorrhage DUE TO (b) Fractured Skull DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a). Crushing injury to chest					INTERVAL BETWEEN ONSET AND DEATH. 1 hr 45 min 1 hr 45 min.
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) His tractor trailer, ^{then} off road into parked car.			
20c. TIME OF INJURY Hour 11 Month 8 Day 30 Year 58		20d. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> jackknifed, he was thrown out. No witnesses.			
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway 36 junction 96		20f. CITY, TOWN, OR LOCATION Kenderhook		COUNTY Pike STATE Ill.	
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at 12:45 AM m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE L. J. Sweet (Degree or title) M.D. Coroner			22b. ADDRESS Hannibal Mo		22c. DATE SIGNED 9-1-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 9-1-1958	23c. NAME OF CEMETERY OR CREMATORY Wellington Cemetery		23d. LOCATION (City, town, or county) (State) Wellington, Kansas
24. FUNERAL DIRECTOR Clark Funeral Home ADDRESS Hannibal, Mo.			25. DATE RECD. BY LOCAL REG. 9-1-58	26. REGISTRAR'S SIGNATURE Dr. E. M. Lucke	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

RECEIVED SEP -8 1958
MARION CO. HEALTH DEPT.,
DATE FILED SEP 8 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed 

Licensed Embalmer No. 4217
P. O. Address Hannibal, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.